



Visiting Nurse & Hospice Care

TESTIMONY
BEFORE THE PUBLIC HEALTH COMMITTEE
REGARDING:

H.B. 7156
AN ACT CONCERNING HOSPICE SERVICES

H.B. 7193
AN ACT CONCERNING A WAIVER FROM STATE LICENSING REGULATIONS FOR
HOSPICE-ONLY PROVIDERS.

MARCH 5, 2007

Senator Handley, Representative Sayers and members of the Public Health Committee, my name is Patricia Linehan, Hospice Supervisor, Visiting Nurse and Hospice Care of Southwestern CT. Our agency serves over 2,200 Home Care and Hospice patients each year in lower Fairfield County.

I am presenting testimony regarding HB 7156 and 7193. Our agency **supports HB 7156**. We **strongly support** this bill with one technical amendment: That the word "or" in Section C and in the Statement of Purpose be changed to the word "**and**". This requires that Hospices must be licensed by the Department of Public Health and be Medicare certified. The implementation of this bill to require that hospices serve all settings is necessary. It forces Connecticut's model of providing consistent, high quality care to patients throughout the stages of terminal illness. This is the best way to care for patients and families.

Our agency strongly opposes HB 7193. The concerns are:

- No patient continuity of care across all settings of care.
- Decreased regulatory oversight.
- Unrestrained and unregulated increase of the number of hospices without regard to staffing needed and community funding needed.

Let me offer you a scenario about continuity of care that frequently happens:

A fifty-nine year old woman was diagnosed with ovarian cancer. After surgery, she was referred to VNHC home care for services. Her doctor indicated that the prognosis was approximately four to six months. She was admitted to the pre-hospice program under home care.

The patient opted for chemotherapy. A primary care nurse was assigned to the patient and became her case manager. The nurse helped manage the side effects of the chemo, worked with the physician to manage pain medications and visited twice a week for general assessment of care.

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The patient was married and had two college age children, all of whom required support. A social worker met with family members on several occasions to assist them in meeting the challenge of the patient's disease and its effect on family life. A home health aide provided personal care to the patient three times a week.

After two and a half months, the patient's condition declined and she was advised that chemo was no longer an option. The patient accepted the hospice philosophy and became a hospice patient. The primary care nurse, the social worker and the home health aide remained with the patient as she transitioned into hospice. To quote Dame Cicily Saunders, "Each death is as individual as the life that preceded it, the whole experience of that life is reflected in a patient's dying".

The team she trusted provided her and her family comfort and support until her death at home. Continuity of care is key to helping the patient and family take the journey at the end of life.

Thank you for consideration. I would be pleased to answer any questions.

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